

MAIN OFFICE One Charles Park, Cambridge, MA 02142-1206 ■ 617-679-MTRS (6877) ■ Fax 617-679-1661

WESTERN REGIONAL OFFICE One Monarch Place, Springfield, MA 01144-4028 ■ 413-784-1711 ■ Fax 413-784-1707

# Retirement Application, Part 2

	For superannuation (re	gular or R	etirementPlus)	and	involuntary term	inati	on retiren	nent benefits
PART 2, SECTION 1								
SERVICE AND SALARY DATA	a) Name of member		Last					
Instructions to member:			First					MI
Please provide your personal data and then	b) Social Security numb	er	XXX-XX-XXXX					
forward these five pages to your payroll officer for completion of Sections 2 through 7.	c) Type of retirement (c	heck one)		S	uperannuation/Re uperannuation/Re nvoluntary termin	tirem		
Your payroll officer will then return these five	d) Intended date of retir	ement	. mm/dd/yyyy					
pages to you for forwarding to the MTRS along with	e) Name of school distr	ct						
Part 1, pages 1 through 10.	INSTRUCTIONS TO PA	YROLL OF	FICER: Please fo	llow t	hese steps:			
NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you are employed.	■ Complete Section ■ If, at some later a retroactive conthis sheet, initiate from a contract the corrected point the current described in the cur	ons 2 throu date, there ntract settle and date settlement ages. Likew eductions l we pages (S submit his his or her	gh 7, below, and e is a change in ement or error— any changes and c, please forward vise, if the chang isted in Section ections 1 throug s or her entire R effective date of	the sa-pleas d send a co- ge in s 4, ple gh 7) Retirem	ke a copy of these alaries reported in se mark the corred the copy to the py of the relevant salaries reported in ease indicate, initiate to the member. Intent Application to rement.	Section MTRS contin Sect al and t is the	on 5—eith  s directly of  S. If the ch  ract languation 5 result  d date that  nen the me  MTRS three	ner because of on a copy of anges resulted age along with lts in a change change too.
PART 2, SECTION 2	Your assistance in expec	liting the c	ompletion of th	iese p	ages will be most	appr	eciated!	
SERVICE VERIFICATION	Please report this member for the last three years). if service was rendered of the necessary, please attack.	Please ind on a part-ti	icate whether so ime basis, pleas	ervice e also	was rendered on indicate it as a pe	a full	l-time or p	art-time basis;
	From ( <i>mm/dd/yyyy</i> )		To (mm/dd/yyyy)		Full-time <b>O</b> l	R Pa	art-time, and	indicate % of full-tim
								%
								%
								%
								%
	During any period of se was the member a kind			; from	1		to	
	For the service reported or partial compensation (e.g., as a result of the rauthorized leaves of absolute (please list that information)	above, ple was receiv nember be ence; or, a tion in Part	ease report any yed. NOTE: Plea eing laid off and ny periods durin 2, Section 6).	autho se do place	orized <b>leaves of al</b> not list here: any ed on a recall list)	invo as the pens	luntary lea ey do not sation was	aves of absence qualify as received
	From (mm/dd/yyyy)	-	To ( <i>mm/dd/yyyy)</i>		No compensation	OR i	Partial comp indicate % of	ensation, and full-compensation
								%

%

MTRS	RETIREM	ENT	APPLIC	CATION.	PART	2
				· · · · · · · · /		_

Member's name (First M. Last)	
, , ,	

Page 2

#### PART 2, SECTION 3

## FIVE-YEAR SALARY HISTORY

**Significance of salary history**: The member's retirement benefit calculation is based, in part, on either the average of the member's highest three consecutive years' salaries, or the average of his or her last three years' salaries, whichever is greater.

Accordingly, please indicate the **contract year** and **contract type** for each of the following **four**—or, if the contract type was "Individual contract," **five**—years:

- Lines i, ii and iii: the three consecutive years when this member's salary was the highest;
- Line iv: the year right before that three-year period; and,
- Line v, if this member had an individual contract: the year before the year in Line iv.

	Contract	t year	Contract type Check one
	<b>From</b> mm/dd/yyyy	<b>To</b> mm/dd/yyyy	Collective Bargaining Individual contract Agreement (teachers, others) (superintendents, principals, others)
i)			Also, see Section 7
ii)			Also, see Section 7
iii)			Also, see Section 7
iv)			Also, see Section 7
v)			Also, see Section 7

#### PART 2, SECTION 4

CURRENT
DEDUCTIONS,
LAST CHECK DATE,
AND
CONTRACT
STATUS

a) Please report this member's current monthly earnings and actual and/or projected future deductions for the SIX months prior to the applicant's date of separation from service with your district. Additionally, in the last column, please indicate the month of the member's last payroll deduction.

Date (mm/yyyy)	Earnings	Total MTRS deduction amount	Final deduction (check only one box)

b) Please enter the date of the member's last paycheck mm/dd/yyyy	
[Note to payroll official: To avoid receiving an error message in MyTRS when	
submitting your payroll deduction report for the month of this member's retirement,	
please enter this member's "termination event" in MyTRS now, while you have the info	rmation at hand.]

c) Has your school district settled its contract for the current year? . . . . . Yes No If no, please send us a copy of the new contract as soon as it is settled along with a list of all of your teachers who retired before the settlement and who will need an adjustment.

MTRS	RFTIRFM	FNT APP	LICATION	PART 2

Member's name (First M. Last)	
1/22	

Page 3

#### PART 2, SECTION 5

## SALARY VERIFICATION

Please provide this member's salary data as requested below. Please note:

- Please report the member's service and salary data for the **four**—or, if the member was covered by an individual contract, **five**—years that you listed in Part 2, Section 3, above.
- If the member's last year of earnings was not a complete school year, please list that partial year and the four (or five) full school years prior to it. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
- If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

	п	iisconduct	or any addi	tional agreements).			
A Period each salary in effect during the of highest salaries Use a separate line for e From (mm/dd/yyyy)	e three years	B Number of days paid during period	C Number of days in contract year	D Annual contract rate for each period	E Additional salary earned for coaching, extracurricular activities or longevity; or, for grandfathered annuities or fringe benefits	Amounts paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or nongrandfathered fringe benefits*	G Actual salary paid (Do not include amounts listed in column F)

\* NOTE: By law, retirement deductions should not be withheld for any monies listed in column F. If any deductions were taken in error on any amounts included in column F, please explain below. For details on grandfathered payments for annuities or fringe benefits, please go to <a href="http://www.mass.gov/mtrs/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html">http://www.mass.gov/mtrs/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html</a>.

Page 4					SSN		
PART 2, SEC	TION 5						
SALARY VERIFICATIO Continued	ON	activities o	or longevity, or grain Solumn E, above. If y	ndfathered payme	nts for annuities o	earned for coaching r fringe benefits,* o his compensation, p	r any other amount
From (mm/dd/yyyy)	To (mm/dd/yyyy	) Identify	y type of earning (if e.	xtracurricular activity, indica	te specific title)		Amount paid
members/other-i	onal earnings erms of an a	c-21-of-the-a	icts-of-2009.html.			ov/mtrs/active-and-i	
WORKERS' COMPENSA	TION	D. day the			Continued in Contin	. 2	
		did he or s	she receive any pay	with your district yments from Work	ers' Compensatior		No Ye
Period of Worke From	ers' Compensa To	-		•	-	if any, during this per	_

#### Page 5

#### PART 2, SECTION 7

STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL(S)

#### **IMPORTANT NOTES**

ALL signatures must be original, in-person by-hand signatures—**not** stamps.

If the applicant was employed under the terms of an individual contract, this statement MUST also be signed by the superintendent of the school district. If the applicant is the superintendent, then this statement MUST instead be signed by the chairperson of the school committee.

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!

Paratire of far ALL anglisants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL	103	INC
criminal offense related to the member's office or position?  If yes, please attach additional sheet(s) to describe the offense  c) Is the member's separation from service related in any way to a criminal action?.	Don't kr Yes	now No
b) To your knowledge, has the applicant ever been convicted of a	Yes	No
<ul> <li>During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire?</li> <li>If yes, you must provide copies of ALL minutes of these meetings.</li> </ul>	Yes	No
pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire?	Yes	No
<ul> <li>Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)?</li> <li>In addition to the contracts, are there any documents (formal or informal)</li> </ul>	Yes	No
■ What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? mm/yyyy		
a) If, as indicated in Part 2, Section 3, the member was covered by an individual cor	ntract	

#### Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, *Actual salary paid*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,
- the above information is true, complete and correct.

I have made a copy of these pages (Part 2, Sections 1–7) for future reference and clarification, if needed.

×	Date	/	/
Name (please print)	Phone		
Title	Fax		
E-mail			

# ALSO required if the applicant is employed under the terms of an individual contract: SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, *Actual salary paid*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,
- the above information is true, complete and correct.

×	Date		/	/	
Name (please print)	Phor	ne			
T:+lo					